

|  |                  |  |         |   |         |                  |  |
|--|------------------|--|---------|---|---------|------------------|--|
| No. <b>W 20466</b>   |                  | <b>Due no later than Aug 31, 2010</b>  |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CENTRAL IDAHO CLAIMS, LLC<br>DANIEL D SUMMERS<br>PO BOX 1774<br>KETCHUM ID 83340<br>USA |         | DANIEL D SUMMERS<br>371 W WARM SPRINGS RD<br>KETCHUM ID 83340 |         |                  |  |
|  |                  |  |         | 3. <u>New</u> Registered Agent Signature:*                    |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                  |  |         |   |         |                  |  |
| Office Held  | Name             | Street or PO Address   | City    | State   | Country | Postal Code      |  |
| MEMBER   | DANIEL D SUMMERS | PO BOX 1774  | KETCHUM | ID  | USA     | 83340            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |         |   |         |                  |  |
| <b>ID<br/>W 20466</b>  |                  | Signature: Daniel D Summers  |         |   |         | Date: 06/14/2010 |  |
|  |                  | Name (type or print): Daniel D Summers   |         |   |         | Title: Owner     |  |
| Processed 06/14/2010   |                  | * Electronically provided signatures are accepted as original signatures.  |         |   |         |                  |  |